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Nixon & Vanderhye P.C.

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In re Patent Applicat	ion of:				
HELLSTROM et al Serial No. 10/578,84 Filed: July 24, 2006				· .	

METHODS AND MEANS RELATING TO HEPATITIS B INFECTION

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PAGE 1/11 * RCVD AT 3/18/2010 7:35:45 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/4 * DNIS:2738300 * CSID:703 816 4100 * DURATION (mm-ss):01-50

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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MJW-620-438 Atty

Dkt.

C# M#

HELLSTROM et al

TC/A.U.

1648

MAR 1 8 2010

Serial No. 10/578,848

Examiner: Kinsey White, N.E.

July 24, 2006 Filed:

Date: March 18, 2010

Title:

METHODS AND MEANS RELATING TO HEPATITIS B INFECTION

Commissioner for Patents P.O. Box 1450 .

Alexandria, VA 22313-1450

Sir.

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other

agnature thereon.			
☐ Correspondence Address Indication Form Attached.			
Fees are attached as calculated below: Total effective claims after amendment ' 0 minus highest number previously paid for 20 (at least 20) = 0 x \$52.00 \$0.00 (12)	202)/\$0.00 (2202)	\$	0.00
Independent claims after amendment 0 minus highest number previously paid for 3 (at least 3) = 0 x \$220.00 \$0.00 (12)	201)/\$0.00 (2201)	\$	0.00
If proper multiple dependent claims now added for first time, (ignore Improper); add \$390.00 (1203). Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) One Month Extension \$130.00 (1251). Two Month Extensions \$490.00 (1252). Three Month Extensions \$1110.00 (1253). Four Month Extensions \$1730.00 (1255). Four Month Extensions \$2350.00 (1255).	(\$245.00 (2252) (\$555.00 (2253) (4/\$865.00 (2254)		0.00
Terminal disclaimer enclosed, add \$140.00 (1814)	4)/ \$70.00 (2814)	\$	0.00
☐ Applicant claims "small entity" status. ☐ Statement filed herewith			
	\$180.00 (1806)	\$	0.00
Assignment Recording Fee Other:	\$40.00 (8021)	\$ \$	0.00 00.0
	TOTAL FEE	\$	0.00
CREDIT CARD PAYMENT FORM ATTACHED.			-
The Commissioner is hereby authorized to charge any <u>deficiency</u> , or credit any overpayment asserted to be filed, or which should have been filed herewith (or with any paper hereafter from to our Account No. 14-1140.	nt, in the fee(s) file iled in this applicat	d, or lion b	y this

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

By Atty: Mary J. Wilson, Reg. No. 32,955

NIXON & VANDERHYE P.C.

MJW:tat

Signature: